

# IDAHO STATE OFFICE OF RURAL HEALTH AND PRIMARY CARE

## Community Health Center Grant Program FY 09 (7/1/08 - 6/30/09) APPLICATION GUIDANCE

Release Date: May 22, 2008

Application Due: **August 1, 2008, at 5:00 PM Mountain Time**

### Submit applications to:

Idaho State Office of Rural Health and Primary Care  
450 W. State Street- 4<sup>th</sup> floor  
P.O. Box 83720  
Boise, Idaho 83720-0036



Applications must be received by 5:00 PM Mountain Time on Friday, August 1, 2008. Late applications will not be reviewed. Applications must be submitted through post or delivery; faxed or emailed applications are not accepted.

The State Office of Rural Health will conduct a technical assistance conference call to assist with the CHC grant application process:

**June 5, 2008, at 10:00 A.M. Mountain Time / 9:00 A.M. Pacific Time**

In the Boise calling area, dial: 846-8863

Outside the Boise calling area, dial: 800-575-8877

After dialing, enter the following conference security code: **870**

All potential applicants and interested parties are encouraged to participate. Please contact the State Office of Rural Health at (208) 334-0669 for questions and assistance.

# IDAHO STATE OFFICE OF RURAL HEALTH

## Community Health Center Grant Program

FY 09 (7/1/08 - 6/30/09) GRANT APPLICATION

Application Deadline: **August 1, 2008, at 5:00 PM Mountain Time**

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### Program Contact:

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## **I. Purpose of the Grant Program**

The Idaho Community Health Center Grant Program, as described in Idaho Code, Chapter 59, Title 32, is established exclusively for the purpose of providing grants to Community Health Centers to improve access to healthcare for Idahoans. Eligible applicants are limited to Idaho Community Health Centers (CHC) and identified on page 4 of this application.

CHC grant awards are limited to \$500,000 and no project will be funded for more than one year. Funds may be used for the purchase, construction, or renovation of property, and the purchase of equipment, including electronic information technology and electronic health records.

*Additionally, as defined in Idaho Senate Bill 1519, during FY09 (7/1/08-6/30/09), funding priority is given to applicants that propose to purchase dental equipment.*

A copy of Title 39, Health and Safety, Chapter 32: Idaho Community Health Center Grant Program, is found on pages 5-7 of this application.

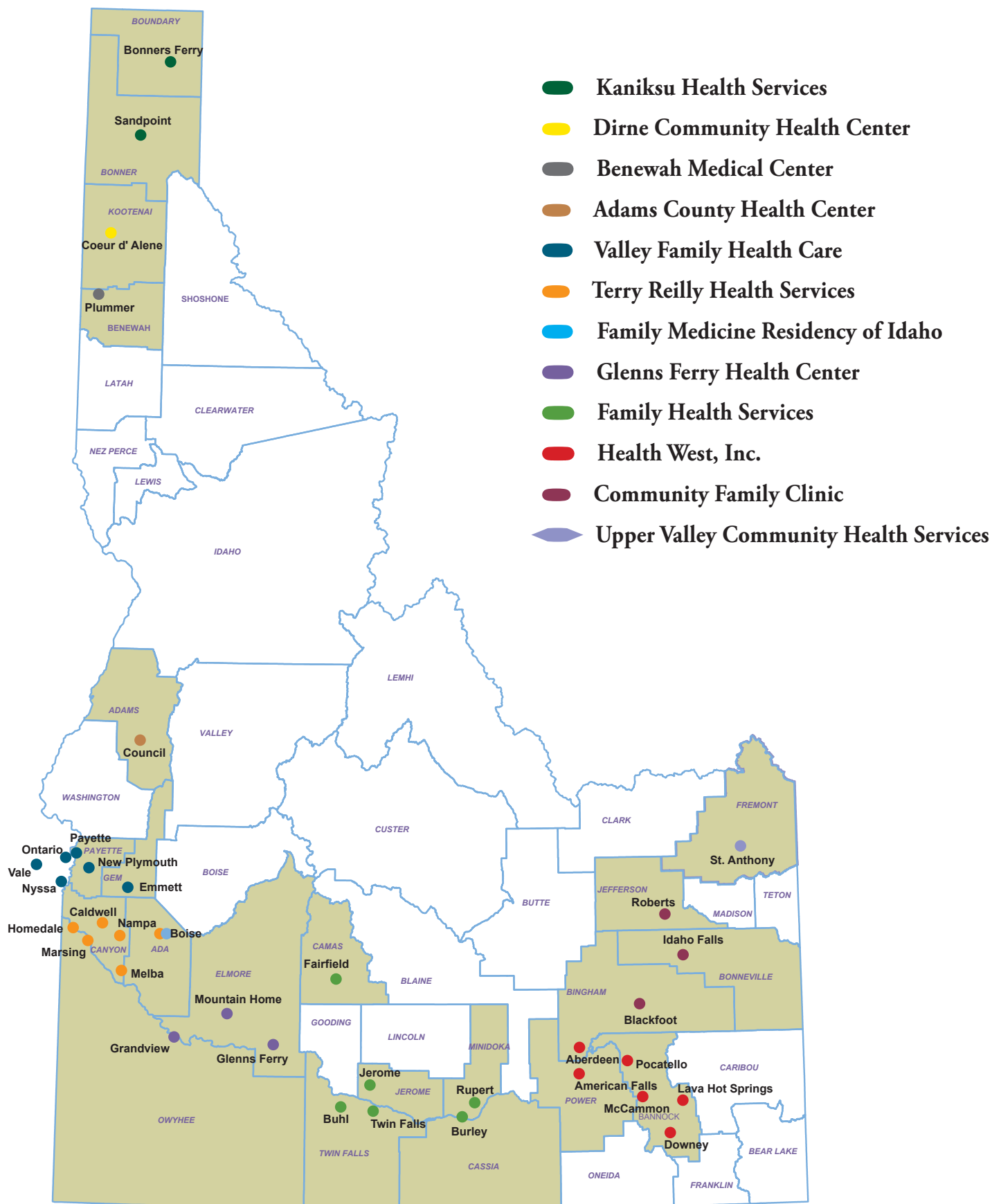
## **II. Eligibility**

Idaho Community Health Centers are eligible to apply. Applicants must submit evidence of meeting the following eligibility requirements:

- a. Provides comprehensive primary and preventive medical services and provides or makes referrals for dental and mental health services;
- b. Provides outpatient services to persons who are uninsured or have Medicaid coverage without regard to a person's ability to pay, provided that a minimum of twenty-five percent (25%) of such persons served by the organization or entity are uninsured;
- c. Charges for services using a sliding fee schedule based upon income and family size; and
- d. Is governed by a community-based board.

Information about the documentation needed to demonstrate proof of eligibility is found on pages 10-11 and must be submitted as Appendix A.

# IDAHO'S COMMUNITY HEALTH CENTER NETWORK



### III. Idaho Code

#### TITLE 39 HEALTH AND SAFETY CHAPTER 32 IDAHO COMMUNITY HEALTH CENTER GRANT PROGRAM

**39-3201. SHORT TITLE.** This chapter shall be known and may be cited as the "Idaho Community Health Center Grant Program."

**39-3202. COMMUNITY HEALTH CENTER GRANT FUND.** There is hereby created in the state treasury a fund known as the "Community Health Center Grant Fund." Subject to appropriation by the legislature, moneys in the fund shall be used exclusively for the purpose of grants for community health centers in order to improve access to health care services for Idahoans and to provide for the administration of grants pursuant to this chapter.

**39-3203. DEFINITIONS.** As used in this chapter:

- (1) "Applicant" means an entity submitting documents required by the community health center grant program for the purpose of requesting a grant from the community health center grant fund.
- (2) "Application period" means the time period from July 1 to August 30 of the state fiscal year for which funding is requested.
- (3) "Approval" means written notification that the application will be awarded funding through the community health center grant fund.
- (4) "Board" means the health care access grant review board, as established in section 39-5904, Idaho Code.
- (5) "Community health center" or "CHC" means a nonprofit organization or county-based governmental entity that:
  - (a) Provides comprehensive primary and preventive medical services and provides or makes referrals for dental and mental health services;
  - (b) Provides outpatient services to persons who are uninsured or have Medicaid coverage without regard to a person's ability to pay, provided that a minimum of twenty-five percent (25%) of such persons served by the organization or entity are uninsured;
  - (c) Charges for services using a sliding fee schedule based upon income and family size; and
  - (d) Is governed by a community-based board.
- (6) "Community health center grant" means a grant awarded pursuant to this chapter.
- (7) "Community health center grant program" means the program that administers the community health center grant fund.
- (8) "Department" means the department of health and welfare.
- (9) "Director" means the director of the department of health and welfare.
- (10) "Grant period" means the time period from July 1 through June 30 (state fiscal year) for which funding is granted.

**39-3204. SCOPE OF GRANT SUPPORT.** The board may award grants, in accordance with the procedures and criteria in this chapter, to community health centers for the purpose of improving access to health care services.

- (1) Individual grant awards will be limited to a total of five hundred thousand dollars (\$500,000) for direct and indirect costs, per year.
- (2) No project may be funded for more than a total of one (1) year.
- (3) In addition to other uses as approved by the board, funds awarded under a grant may be used for the purchase, construction, renovation or improvement of real property or for projects which are solely or

predominantly designed for the purchase of equipment, including information technology and electronic health records.

**39-3205. APPLICATION REQUIRED.**

- (1) A completed community health center grant application must be submitted by the applicant for the purpose of requesting a grant on or before the conclusion of the application period specified for the appropriate grant cycle.
- (2) Each application shall include:
  - (a) Identification of geographical area to be served;
  - (b) Individual or entity requesting funds;
  - (c) Narrative description of the community health needs and the methods to be used to address such needs and demonstrate the potential of the project to improve patient health outcomes and access to health care services in the community;
  - (d) Identification of measurable goals, objectives and patient health outcomes to be used to reach the goals, and the resources necessary to complete each activity;
  - (e) Estimation of how long it will take to accomplish the individual activities of the project;
  - (f) Demonstrated community support for the project;
  - (g) Proposed project budget including:
    - (i) A line item budget with a brief description of each expense category, including any anticipated operating expenses, capital and equipment or contract expenses;
    - (ii) Documentation of one (1) or more vendor price quotes for all proposed equipment purchases;
    - (iii) Contact person for verification of fiscal information; and
  - (h) Federal tax identification number.
- (3) All applications must include the required information.
- (4) The grant application and any attachments submitted by the applicant shall be the primary source of information for awarding a grant.

**39-3206. GRANT AWARD SCHEDULE.** The board shall conduct the grant process in accordance with the following schedule:

- (1) The director shall develop an application form in conformance with section 39-3205, Idaho Code, and make guidance available no later than July 1 which shall initiate the application period.
- (2) The completed application shall be submitted no later than August 30 of the application period.
- (3) The board shall issue notification to every applicant regarding the disposition of their grant request by October 30 of the grant period.
- (4) Funds for approved grants shall be disbursed during November of that grant period or over the course of the current grant year as funds become available.

**39-3207. AWARD CRITERIA.** The board shall award grants based on the following weighted criteria:

- (1) Background of applicant organization. The applicant must show adequate experience, knowledge, and qualifications to adequately perform the scope of work: weight = 15%;
- (2) Community support. The applicant must demonstrate community support for the project: weight = 10%;
- (3) Specificity and clarity of scope of project. The proposal will be evaluated based upon demonstrated need and the extent to which the goals and objectives are specific, measurable, and relevant to the purpose of the proposal and the activities planned to accomplish those objectives

are germane and can be sustained beyond the grant time frame:  
weight = 30%;

- (4) Monitoring and evaluation. The proposal will be evaluated based on the extent to which the monitoring and evaluation system will document program progress, or improved patient health outcomes if applicable, and measure effectiveness: weight = 15%;
- (5) Budget. The proposal will be evaluated based on the extent to which a detailed itemized budget and justification are consistent with stated objectives and planned program activities: weight = 20%;
- (6) Geographical community health center equity. The board shall consider the geographical distribution of past grant awards and shall endeavor to meet community health centers' needs in an equitable manner statewide: weight = 10%.

**39-3208. FRAUDULENT INFORMATION ON GRANT APPLICATION.** Providing false information on any application or document submitted under this chapter is a misdemeanor and grounds for declaring the applicant ineligible. Any and all funds determined to have been acquired on the basis of fraudulent information must be returned to the community health center grant fund. This section shall not limit other remedies which may be available for the filing of false or fraudulent applications.

**39-3209. ADMINISTRATIVE APPEALS.** Applicants aggrieved by the award or failure to award a grant pursuant to this chapter shall be afforded the remedies provided in chapter 52, title 67, Idaho Code.

## **IV. Application and Submission Information**

### **A. APPLICATION FORMAT REQUIREMENTS**

Applications are limited to 14 pages, not including materials in the appendices. Applications that exceed the page limit will not be reviewed.

Submit one (1) original copy of your application on 8 1/2" X 11" white paper. Margins must be at least one (1) inch at the top, bottom, left and right sides. Please left-align text.

Use an easily readable typeface, such as Times New Roman, Courier, or Arial. The text and table portions of the application must be submitted in not less than 12 point font and 1.0 line spacing.

Pages must be numbered consecutively from the face page, through the appendices. Handwritten numbering is acceptable.

Please do not bind or staple the application.

Do not include materials other than those specifically requested in this application guidance.

Contact the State Office of Rural Health at (208) 334-0669 for questions and assistance with the application and submission process.

### **B. COMPONENTS OF AN APPLICATION**

**A complete application will include these components in the following order:**

- i. Application Face Page
- ii. Table of Contents
- iii. Project Summary
- iv. Background Information
- v. Community Health Needs and Community Support
- vi. Scope of Work
- vii. Evaluation
- viii. Grant Budget
- ix. Appendices
  - A. Proof of Eligibility
  - B. Letters of Support
  - C. Additional budget information for equipment purchases

A complete application will include all components listed above. Incomplete applications will not be reviewed. An application checklist is found on page 15.



## C. SPECIFIC APPLICATION INSTRUCTIONS

### i. **Application Face Page (1 page)**

The face page is found on page 14 of this application packet. All fields must be completed and an original signature is required.

### ii. **Table of Contents (1 page)**

To facilitate evaluation, applicants should include a Table of Contents which reflects the major sections of the application, including the page numbers on which they can be found.

### iii. **Project Summary (limit 1 page)**

- a) Identify the applicant organization and the geographical area to be served.
- b) Describe the proposed project.
- c) Identify the objectives of your proposed project.
- d) Provide a brief description of the activities your project will undertake to achieve its objectives.

### iv. **Background Information (limit 1 page)**

- a) Provide a description of the applicant organization, including the experience, knowledge, and qualifications to adequately perform the scope of work. This section may also include: mission, organizational history, previous projects, and fiscal stability.

### v. **Community Health Needs and Community Support (limit 2 pages)**

- a) Describe the target population and service area of your proposed project.
- b) Provide a narrative description of the unmet community health needs your project proposes to address, including the data sources or methods used to identify the community health needs.
- c) Describe how your project will improve access to healthcare and address the identified unmet community health needs.
- d) Describe the community support for your proposed project.
- e) Letters of support *specific to this project* are encouraged and may be included in Appendix B. Letters of support are limited to a maximum of 6 and do not count against the page limit.

**vi. Scope of Work (limit 4 pages)**

- a) Provide a detailed description of the project.
- b) Submit a work plan that includes all of the following elements: measurable project objectives, methods/activities to achieve stated objectives, timeline for completion, and cost. The work plan may be in narrative and/or table form. All project activities must be complete by June 30, 2009.
- c) Describe how the benefits of your proposed project or the project itself will be sustained beyond the grant funding period.

**vii. Evaluation (limit 1 page)**

Describe how you will monitor project progress, measure improvement in healthcare access, and evaluate success. For each objective in your work plan, there should be a corresponding method of evaluating outcomes. The evaluation may be in narrative or table form.

**viii. Grant Budget (limit 3 pages, including table)**

- a) The total amount requested can not exceed \$500,000 for one year (7/1/08-6/30/09).
- b) If applicable, identify other funding sources that will be used to support the proposed project.
- c) Create a line item budget that includes the following:
  - o Expense categories, brief description of the item, and amount of funding requested. Include all anticipated personnel, fringe benefits, operating expenses, supplies, capital and equipment purchases, and contract expenses.
- d) Provide a detailed budget justification narrative that explains the amounts requested for each line of the budget. The budget justification should specifically describe how each item will support the achievement of your proposed objectives.
- e) All proposed equipment purchases require one (1) or more vendor price quotes. This documentation must be included as Appendix C of your application and is not included in the page limit.

**ix. Appendices**

**A. Eligibility**

Applicants must submit documentation that addresses each of the grant eligibility requirements. Examples of supporting documentation are described below, however, applicants may submit materials that most accurately represent their ability to meet each requirement.

- a) Eligibility criteria: Provides comprehensive primary and preventive medical services and provides or makes referrals for dental and mental health services.  
*Supporting documentation*: Copies of policies or information submitted with an FQHC or FQHC look-alike application.

- b) Eligibility criteria: Provides outpatient services to persons who are uninsured or have Medicaid coverage without regard to a person's ability to pay, provided that a minimum of twenty-five percent (25%) of such persons served by the organization or entity are uninsured.

*Supporting documentation*: Patient demographic data from most recent annual reporting period.

- c) Eligibility criteria: Charges for services using a sliding fee schedule based upon income and family size.

*Supporting documentation*: Copy of sliding fee scale.

- d) Eligibility criteria: Is governed by a community-based board.

*Supporting documentation*: Copy of internal policies or documents that define board composition and list of current board members.

## **B. Letters of Support**

Letters of community support *specific to this project* are encouraged and may be included here. Please limit your letters to a maximum of 6.

## **C. Additional Budget Information Required for Equipment**

All proposed equipment purchases require one (1) or more vendor price quotes must be included in this section of your application.

#### D. SUBMISSION REQUIREMENTS

Only one application will be accepted from each eligible applicant. Applications will not be accepted by fax or email; applications must be submitted by post or delivery to:

State Office of Rural Health & Primary Care  
450 W. State St. – 4<sup>th</sup> Floor  
P.O. Box 83720  
Boise, Idaho 83720-0036  
(208) 334-0669

Applications must be received before **5:00pm Mountain Time on August 1, 2008**. Applications received after this date and time will not be considered. Applicants will receive a card verifying receipt of the application within 1 week and notified of the status of their application by September 30, 2008.

#### V. Application Evaluation and Award Criteria

As defined by statute, the Health Care Access grant review board meets at least annually to review all grant submissions based on the following criteria:

- a) Background of the Applicant Organization: The applicant must show adequate experience, knowledge and qualifications to adequately perform the scope of the work. This section has a weight of 15%.
- b) Community and Organizational Support: The applicant must demonstrate community support for the proposed project. This section has a weight of 10%.
- c) Specificity and Clarity of the Scope of Work: The proposed project will be evaluated based upon demonstrated need and the extent to which the goals and objectives are specific, measurable, and relevant to the purpose of the proposal and the activities planned to accomplish those objectives are germane and can be sustained beyond the grant time frame. This section has a weight of 30%.
- d) Monitoring and Evaluation: The proposed project will be evaluated Based on the extent to which the monitoring and evaluation system will document program progress, or improved patient health outcomes if applicable, and measure effectiveness. This section has a weight of 15%.
- e) Budget: The proposal will be evaluated based on the extent to which a detailed itemized budget and justification are consistent with stated objectives and planned program activities. This section has a weight of 20%.
- f) Geographical Community Health Center Equity: The board shall consider the geographical distribution of past grant awards and shall endeavor to meet community

health centers' needs in an equitable manner statewide. This section has a weight of 10%.

g) As defined in Idaho Senate Bill 1519, during FY09 (7/1/08-6/30/09), funding priority is given to applicants that propose to purchase dental equipment.

**Idaho Community Health Center Grant Program**  
**APPLICATION FACE PAGE**

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**Applicant organization:** \_\_\_\_\_

**Federal tax identification number (TIN):** \_\_\_\_\_

**Area served by project:** \_\_\_\_\_

**Name of contact person:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **FAX number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City & zip code:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Name of fiscal contact:** \_\_\_\_\_

**Brief project description:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Amount of grant funding requested:** \$ \_\_\_\_\_

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I hereby certify that the information contained in this application is true and correct. Providing false information on any application or document submitted under this statute is a misdemeanor and grounds for declaring the applicant ineligible. All funds determined to have been acquired on the basis of fraudulent information must be returned to the Community Health Center Grant Fund.

**Authorized signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed name and title:** \_\_\_\_\_



## **VI. Application Checklist**

A completed application will include these components in the following order:

- ☐ Application Face Page
- ☐ Table of Contents
- ☐ Project Summary
- ☐ Background Information
- ☐ Community Health Needs and Community Support
- ☐ Scope of Work
- ☐ Evaluation
- ☐ Grant Budget
- ☐ Appendices
  - ☐ Proof of Eligibility
  - ☐ Letters of Support
  - ☐ Additional Budget Information Required for Equipment

A complete application will include all components listed above. Incomplete applications will not be reviewed.